



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
<i>Thompson</i>	<i>EDWARD</i>	<i>K.</i>	<i>(808) 330-6845</i>
MAILING ADDRESS (Street)			FAX
<i>2272 Apunani Street</i>			
(City)	(State)	(Zip Code)	
<i>Honolulu</i>	<i>HI</i>	<i>96817</i>	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

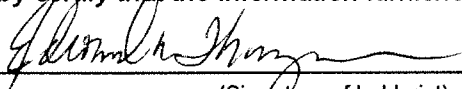
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
<i>Consumer Fireworks Safety Association</i>		<i>206-713-3388</i>
MAILING ADDRESS (Street)		FAX
<i>16526 Shore Drive N.E.</i>		<i>206-363-7575</i>
(City)	(State)	(Zip Code)
<i>Lake Forest Park</i>	<i>Washington</i>	<i>98155-5631</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
<i>Jerald E. Farley</i>		<i>206-713-3388</i>
MAILING ADDRESS (Street)		FAX
<i>16526 Shore Drive N.E.</i>		<i>206-363-7575</i>
(City)	(State)	(Zip Code)
<i>Lake Forest Park</i>	<i>Washington</i>	<i>98155-5631</i>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

3-21-07
(Date)

PART V AUTHORIZATION TO LOBBY

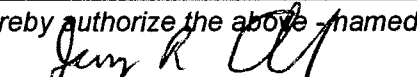
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Jerry R. Elrod	

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Consumer Fireworks Safety Association	206-713-3388

MAILING ADDRESS (Street)	FAX
16526 Shore Drive N.E.	206-363-7575

(City)	(State)	(Zip Code)
Lake Forest Park	Washington	98155-5631

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.


Jerry R. Elrod, President

January 3, 2007

(Signature of Authorizing Officer or Person Represented)

(Date)